

**SAINT JOSEPH'S COLLEGE**  
278 WHITES BRIDGE ROAD, STANDISH, MAINE 04084  
ACADEMIC RECORD'S OFFICE (207) 893-7798

**REQUEST to DECLARE or CHANGE a MINOR, OR ADD a SECOND MINOR**

NAME OF STUDENT: \_\_\_\_\_

STUDENT ID #:

GRADUATING CLASS of

MAJOR

CURRENT MINOR(S) IF ANY

**I REQUEST PERMISSION TO:**

DECLARE A MINOR:

CHANGE MY MINOR FROM  TO

REASON FOR THIS REQUEST: \_\_\_\_\_  
\_\_\_\_\_

STUDENTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**REQUIRED SIGNATURES (As applicable to request)**

\_\_\_\_\_  
CHAIR OF MAJOR DEPARTMENT (Approval of)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CHAIR OF DEPARTMENT OFFERING REQUESTED MINOR (Approval of)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CHAIR OF DEPARTMENT OF MINOR TO BE DROPPED (Informational)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
REGISTRAR (Approval of)

\_\_\_\_\_  
DATE

**THIS CHANGE OF MINOR STATUS IS NOT OFFICIAL UNTIL THIS COMPLETED REQUEST FORM  
HAS BEEN RECEIVED BY THE REGISTRAR'S OFFICE**



RECEIVED ON (DATE): \_\_\_\_\_

PROCESSED BY: KJP LMM RL